SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J79922** **(7)**

1. Corporation Name

NIEMINEN REALTY, INC.

Principal Place of Business	Mailing Address
96 FLAGLER PLZ DR PALM COAST FL 32137 US	96 FLAGLER PLZ DR PALM COAST FL 32137 US

3. Date Incorporated or Qualified: 06/26/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 96 Flagler Plaza DR
22: Suite, Apt. #, etc.
23: City & State: Palm Coast FL
24: Zip: 32136
25: Country: Flagler

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2857425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NIEMINEN, SCOTT K
503 NORTH ORANGE AVENUE
BUNNELL FL 32010

ADDRESS CHANGE

10. Name and Address of New Registered Agent

81 Name: Nieminen, Scott K.
82 Street Address (P.O. Box Number is Not Acceptable): 1431 Lambert Avenue
83:
84 City: Flagler Beach FL 85 Zip Code: 32136

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X _____ 8/2/96
Signature of new registered agent and title, if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NIEMINEN, PAUL K.		1.2 NAME	
STREET ADDRESS	503 N ORANGE AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NIEMINEN, PAUL K.		2.2 NAME	
STREET ADDRESS	503 N ORANGE AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NIEMINEN, SCOTT K		3.2 NAME	
STREET ADDRESS	1431 LAMBERT AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BCH FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ Scott Nieminen 8/2/96 904-439-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131123 FR